



CLYDE L. REESE, III, Esq.
COMMISSIONER

LEADERSHIP:

Ron Scroggy
Acting Division Director
404.651.8409

Kathy Herren
Acting Deputy Director
404.463.0419

David Kelley
Field Operations Director
706.552.4400

Lynne Boring
Interim Section Director
Office of Family
Independence
404.651.8701

FAMILY MEDICAID

The Family Medicaid Program available through the Division of Family and Children Services (DFCS)

Family and Right from the Start Medicaid (RSM) have the same qualifying criteria and provide medical coverage in the way of Medicaid insurance for pregnant women and children who meet the income criteria for eligibility. (See RSM Medicaid Fact Sheet) DFCS Case Managers often determine multiple benefits for a family at the same interview, including Food Stamps and Family Medicaid and/or TANF. Families select the benefits they need on the paper application filed with DFCS.

HOW DOES A FAMILY APPLY FOR FAMILY MEDICAID AND RSM?

Paper applications can be filed to any local DFCS office by mail, fax or in person. If you have difficulty completing the application, someone will assist you at the local office.

If a family is only interested in Medicaid coverage, they may contact their local county Department of Family and Children Services (DFCS) office or the Right from the Start Medicaid Project toll-free at **1-800-809-7276**. They may also contact the Healthy Mothers/Healthy Babies Powerline at **1-800-822-2539**.

For persons seeking Medicaid coverage only, there are other options to apply in many communities that include schools, hospitals or community centers.

WHO CAN RECEIVE FAMILY MEDICAID?

Pregnant women may qualify if their monthly income does not exceed 200 percent of the federal poverty level limit. A pregnant woman is counted as two people in the calculation of family size. Her husband is also counted, although husbands do not receive RSM coverage. In addition, a woman meeting the income standards may become eligible within 60 days after giving birth, even if she did not apply during pregnancy or delivery. Infants, born to women receiving Medicaid on the day the child is born, receive Medicaid until they reach their first birthday.

200 Percent Federal Poverty Level Income Limits:

Family Size	Monthly Income
2	\$2,452
3	\$3,089
4	\$3,725
5	\$4,362

Children up to age 19 may qualify at various income levels depending upon age and family size. Children up to age 1 may qualify if their family income is 185 percent of poverty or below; age 1 to 5 if their family income is 133 percent of poverty or below; and age 6 to 19 if their family income is 100 percent of poverty or below.

Federal Poverty Level Income Limits:

Family Size	Monthly Net Income 100% Age 6-19	Monthly Net Income 133% Age 1-5	Monthly Net Income 185% Age 0-1
1	\$908	\$1,207	\$1,679
2	\$1,226	\$1,631	\$2,268
3	\$1,545	\$2,054	\$2,857
4	\$1,863	\$2,478	\$3,446
5	\$2,181	\$2,901	\$4,035

- Car or home ownership does not affect eligibility.
- Married as well as single pregnant women may qualify for RSM.

Families who meet the income eligibility standards for the Temporary Assistance to Needy Families (TANF) are eligible for a specific category of Medicaid called Low Income Medicaid (LIM.)

WHAT IS THE INTENT OF THE FAMILY MEDICAID/RSM PROGRAM?

- Medicaid applications are processed quickly so more eligible women may enter prenatal care earlier in their pregnancy.
- Eligible children are able to receive checkups and preventive care. Those needing medical treatment are more likely to receive it earlier, before their conditions become severe.
- The program helps to decrease infant mortality and preventable illnesses.
- The program allows children and pregnant women with low or moderate income to have access to health care coverage.

HOW LONG CAN A FAMILY RECEIVE FAMILY MEDICAID/RSM?

A woman meeting the income standards may become eligible within 60 days after giving birth, even if she did not apply during pregnancy or delivery. Infants, born to women receiving Medicaid on the day the child is born, receive Medicaid until they reach their first birthday. Family Medicaid (RSM) for *children* pays for medical care for children age 0 up through the month of the 19th birthday as long as the child remains eligible. Medicaid eligibility must be renewed every 6 months.

HOW DO I RENEW MY BENEFITS?

A renewal letter will be mailed to each family or recipient that gives instructions on the renewal process. Families can renew their benefits at www.compass.ga.gov. In order to use the online renewal process, the family must know the client id of the head of the household and use it to create an online account prior to going to the 'renew my benefits' section.

